



MOUNTAIN HOUSE
COMMUNITY SERVICES DISTRICT

AUTHORIZATION FOR RELEASE OF INFORMATION

TO _____

(List all current and former employers)

FROM: _____

RE: CONSENT TO RELEASE EMPLOYMENT INFORMATION

I, _____ Do hereby consent to your release of information

Relating to my employment with your organization, including information, documents and materials contained in my personnel file to _____, Mountain House Community Services District (MHCS D).
(Name of MHCS D designee)

I further consent to you or your designated representative, employees, officers or agents to respond to verbal or written inquires from _____, MHCS D regarding
(Name of MHCS D designee)
my employment.

I do hereby release, discharge, exonerate and hold harmless all my former and current employers listed, their representatives, employees, officers or agents and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents and records and release of any verbal or written employment information. This release shall be binding on my legal representative, heirs and assigns.

This waiver shall remain valid for 18 months from the date of signature.

Full name: _____ Date: _____